

UNITED STATES



OF AMERICA

*U.S. Congress.*

# Congressional Record

PROCEEDINGS AND DEBATES OF THE 93<sup>d</sup> CONGRESS  
FIRST SESSION

VOLUME 119—PART 24

SEPTEMBER 20, 1973 TO SEPTEMBER 27, 1973

(PAGES 30561 TO 31928)

Tom was also a top-notch tax lawyer. He joined the Joint Internal Revenue Taxation Committee in 1951 and served while working his way through college and law school. In 1964 he came to the Finance Committee and we have benefited from his expertise ever since. He had an immense storehouse of knowledge on the many complicated tax matters which came before our committee.

It is a tragedy to lose a man like Tom who was so young. He exemplified the best qualities in public service. He was a man of the highest moral character and his personal and professional integrity were without question.

His loss will be felt not only by the members of the Senate Finance Committee and the Senate but by all those who knew him and worked with him.

Tom will not be forgotten. As the distinguished chairman of the Senate Finance Committee so eloquently stated:

The greatest legacy a man leaves to his fellow man is that of a shining example. Truly Tom Vall leaves that with all of us.

My wife Lois and I send our deepest condolences and prayers to his wife Nancy and their four children.

#### J. GREGORY POOLE

Mr. HELMS. Mr. President, the Nation lost a great citizen on Saturday, September 22. J. Gregory Poole, a dear friend of mine and a fine citizen of my State, passed away in Raleigh after an illness of several months.

Mr. President, this man was remarkable because he had an unyielding faith in God and a complete dedication to his country. He was quiet; he was always a gentleman. But he stood fearlessly and constantly for what he believed.

And among the things he believed, Mr. President, was that this Nation's destiny is tied directly to Providence. North Carolina has few citizens as successful in business as was J. Gregory Poole. Yet he was an unpretentious man. He was always ready to help those less fortunate than he.

He helped me, Mr. President, because he constantly inspired me with his faith and courage and dedication. He was a friend of several Members of the Senate. All of us who were blessed with his friendship mourn his loss. We will miss him. But we will be forever grateful that he walked our way, and that he set such an example of integrity and honor.

Mrs. Helms and I extend our deepest sympathy to his family.

#### CRIB DEATH

Mr. MONDALE. Mr. President, for nearly 2 years the tragedy of crib death or sudden infant death syndrome has been of great concern to me and many of my colleagues in the Senate.

On September 20, my Subcommittee on Children and Youth and Senator KENNEDY's Subcommittee on Health held a joint hearing on this problem. It has been and is still our aim to create the momentum necessary to pass a bill which will provide support for families who lose children to the disease; as well as adequate research funds.

On September 21, the Washington Post printed a most informative article about SIDS, how it affects the parents, and what can be done to help.

An article which appeared in *Ebony* magazine provides special insight into the problem of crib death in black families. We know that SIDS strikes families of all economic and social classes. However, statistics show that the incidence is higher among black and poor families. I ask unanimous consent that the article from *Ebony*, entitled "The Mystery of Crib Death," and the article from the Washington Post be printed in the RECORD.

There being no objection, the articles were ordered to be printed in the RECORD, as follows:

#### THE TRAGEDY OF CRIB DEATH

(By Colman McCarthy)

Earlier this year in a small California town near San Diego, John and Patricia Smiley went into the bedroom of their four week old infant. The child, healthy the day before, lay dead. The couple, frantic with sudden shock, immediately called the local sheriff's office to ask for an ambulance. As Smiley remembers it, the voice at the other end replied that if the child was dead, why was an ambulance needed.

So began the post-death ordeal of the Smileys. The young and poor couple was charged on suspicion of involuntary manslaughter and jailed for three days. The charges were eventually dropped but not before the couple had been harassed to the point that they left town. The Smileys were in Washington yesterday, testifying before a joint session of the Senate subcommittee on children and youth and the subcommittee on health. "There are just so many bad memories to the whole situation and I would like to forget," Smiley told the senators, "but I know that I will never be able to forget. . . I hope that it never happens to anyone else like it happened to us. The death of a child is bad enough. It's the harassment and lack of knowledge, lack of understanding and lack of compassion that hurts more than anything else."

The tragedy of the Smileys would pass unnoticed—another hard luck case in a world full of them—except that it is part of a national pattern. Their child died from sudden infant death syndrome, a disease that kills an estimated 10,000 infants a year, at a ratio of one in 350. SIDS (crib death) is neither predictable nor preventable. Perhaps because of this, interest in its research has been limited, from medical schools to the federal government; current federal primary money for SIDS research grants is \$262,000, less than the cost of remodeling the President's jet; primary research contracts are \$340,000. What is especially strange about the disease is not its mystery but that little is done for the surviving parents, even though much is known about their anguish. Couples are not usually jailed as the Smileys were, but nearly all are imprisoned within some kind of emotional torment from which release is painful and perhaps impossible.

Many who are concerned about SIDS learned long ago not to look at the federal government for leadership, much less to local health officials. Instead, several private groups are at work. Among them are the Guild for Infant Survival (Baltimore) and the National Foundation for Sudden Infant Death (New York). In testimony yesterday, Dr. Abraham Bergman, a Seattle pediatrician and the foundation's president, said that the parents' post-death anguish "is all so unnecessary. By the expenditure of a small amount of funds (such as proposed in legislation now before the Senate), and just the semblance of some action on the part of HEW, the human as-

pects of SIDS which causes an enormous toll of mental illness could be solved within two years."

In other years, Bergman has come to Washington with mostly general statements on the degree of neglect. The response was small. This time, he is presenting specific details from 158 American communities on what action coroners, medical examiners, health officials and parents take when infants die suddenly and unexpectedly. The report, with a few bright parts, is generally bleak. A coroner in Alabama called a SIDS death suffocation because "blacks do not know how to care for their children properly." An Idaho coroner called it "partial neglect and pneumonia." Only half of some 400 parents were told their children died of SIDS. Only 27 percent of the communities had pathologists to certify the cause of death; in 43 per cent of the communities it was not even a physician who performed this service, but often an undertaker, ambulance driver or sheriff. More than a third of the families had to wait between a week and many months before the autopsy results were provided; 9 per cent were never told by anyone why their infants died.

Not surprisingly, Bergman's study found racial and class discrimination in the management of SIDS. "Half as many blacks as whites were given SIDS as an explanation for death; four times as many blacks were told that their baby suffocated; and three times more blacks than whites were never told why their baby died. Some 75 per cent of upper class families had heard of SIDS before their baby died, and 92 per cent received information afterwards. Only 48 per cent of lower class families had heard of SIDS before their baby died and only 40 per cent received information about SIDS after their baby died. The people who needed the help most were least apt to receive it."

The loss of an infant causes an anguish that only the surviving parents can feel. Even when a parent is familiar with the disease, the trauma can be intense. A Seattle pediatrician working in the hospital with the world's largest SIDS research project said that her knowledge that SIDS is neither predictable nor preventable "did not protect me from painful guilt feelings and depression. I was a human being and a mother who needed help at a critical time." She was visiting in Los Angeles when her infant son died and the help was not provided. More than two months passed before she even knew that an autopsy had been performed. "I keep thinking," the woman has written, "if a physician's family, which has some understanding of SIDS, is treated in this way in Los Angeles, what happens to other families who don't have similar resources? Why can't parents who lose treasured infants be treated with dignity and compassion?"

It is a fair question. One possible answer is the lack of leadership among public health officials. Why should a local sheriff's office be expected to show sensitivity if no example is given by the supposedly alert doctors in many state and federal agencies? At the last Senate hearings on SIDS, an HEW doctor in charge of SIDS research issues the inevitable promise to take action, but he's gone from the agency now. His successor has renewed the promise. "I don't know what happens to people when they come back here to the banks of the Potomac," Bergman said. "Maybe it's the heat or maybe it's the smog. Government officials here in Washington are always busy, busy, busy with *big problems*. HEW always seems to have some reorganization cooking. *Global* health strategy is being devised, or else 'we're new in our job, just give us time.' Senator Magnuson says that, what with all the job changes, the busiest people in this town are the sign painters down at HEW."

If we were told this morning that in the next year a dreadful plague would kill 10,000

of America's children, it is likely the nation's medical community would command the front pages of newspapers to announce plans to meet the threat. The sign painters at HEW would be idle because no official would dare leave his post in this emergency. Every local community, including Alabama coroners, would be on the alert. Such a plague is not coming, of course, at least not the Black Death kind of threat. But a year from now, another 10,000 infants will have been found dead in their cribs. Afterward, their parents will die repeated emotional deaths in private anguish. The research to prevent SIDS may be far off, but ways to prevent the abuse of surviving parents is well known. Perhaps the largest mystery involving SIDS is that we are not acting on facts already available.

#### CRIB DEATH

"I don't understand this 'crib death.' Why do these babies go and they can't find anything?" bemoans the young Harlem mother who recently lost her "little man." "I argued with the man at the morgue, but he told me they couldn't find anything wrong with the baby. He said something about 'crib death.' I had never heard the word before in my life; I thought my baby's death had something to do with the actual crib.

"The baby was not too long come into this world and all of a sudden he's gone," Mrs. Juanita Brown continues in anguish. "He wasn't here long enough to even know the world. Whenever I see another mother with a baby, I'm wondering why she has her baby and I don't have mine. When I see babies wearing the same outfits my baby used to wear, it really affects me. It puzzles me a whole lot; everybody has their babies but me!"

Mrs. Brown, 22, had departed home as usual that night in February, 1973, for her midnight to 8 a.m. job as a nurses' aide, leaving two-month-old Ely under the watchful eyes of her mate. Before she left, she had given the infant a baby aspirin for he appeared to be coming down with a cold, and bade him her usual, cheery farewell, "I'll see you tomorrow morning. You be a good boy." Upon arriving home from work the next day, she found her child sleeping peacefully in his crib.

"I sensed something was strange, but I just let him sleep for a while," Mrs. Brown recalls. "I had his bottle and his Pampers ready. I was just talking to him, not realizing anything suspicious or anything, except that I noticed that he didn't jump up when I touched him like he usually did. He was laying on his stomach—but when I turned him over, I looked at him and screamed because I knew something was fishy. One side of his face was blue and his nose was mashed in."

She looked at the baby again and ran next door to her neighbor's apartment. The neighbor returned with her and they called the police. The doctor and the police came, and her son was pronounced dead.

"Working all night and finding your baby dead is a real shock," says Mrs. Brown. "It was like a nightmare; I couldn't believe it. The police asked me a few routine questions that I didn't feel like answering. Afterwards, I kept thinking, 'Was it the aspirin I gave him?' You don't know what I went through. I knew he didn't smother himself because I found him laying on his face, this I knew. I figured maybe he choked on his milk."

It was a week after the death occurred that Mrs. Brown received information and literature concerning "crib death" from her visiting nurse, who, unaware of the child's death, had called Mrs. Brown to make an appointment to see the baby. But after reading the literature and contacting other "crib death" parents she met through the National Foundation for Sudden Infant Death Syndrome, Mrs. Brown says she still cannot totally accept and understand the death of her only child.

"I dream about my baby sometimes and frequently I find myself thinking that he is not gone, but merely visiting with friends," she explains. "I know now, of course, that I am not the only mother who has lost a child to 'crib death,' but it puzzles me why babies go just like that. I could understand it better if my child had died of pneumonia or something. But it's hard for me to figure out why 'crib death' only strikes healthy babies. I mean it really puzzles me."

What is a puzzle to Mrs. Brown is a perplexity to the medical and scientific communities as well. For although the research that has been done has helped to further understanding of the phenomenon, "crib death" or Sudden Infant Death Syndrome (SIDS) nonetheless is one of medicine's mysteries yet to be solved. Presently, there is no way to predict or prevent "crib death."

Each year, an estimated 10,000 mothers like Mrs. Brown put apparently thriving, healthy babies to bed, only to find them dead a few hours later. SIDS victims die quickly, quietly and inexplicably.

The syndrome, identified and described in 1969 as a scientific disease, strikes three out of every 1,000 infants born in the United States and about the same percentage of the infant population in other countries. It is the leading cause of death in infants between the ages of one week and one year old. Most of the victims are between three weeks and five months of age, with the syndrome, cresting between the second and fourth months of life. The syndrome, which strikes boys more often than girls, rarely occurs after the sixth month. It is most prevalent in late autumn, winter and early spring when colds are common.

Although SIDS strikes in all segments of society regardless of race or economic status, it has been found that it has a higher incidence rate among non-white babies, families of low socio-economic status, children living in crowded dwellings, premature infants, and babies who have had recent colds. Death always occurs while the infant is asleep.

Compounding the tragic effects of SIDS itself are widespread misunderstanding and ignorance on the part of some physicians, relatives, friends and even misinformed public employees, such as policemen and firemen, who add to the distress of parents and make them feel guilty.

Take, for example, the experience of Mrs. Nina Clarke, another Harlem resident who lives not far from Mrs. Brown. Mrs. Clarke says the death of her two-and-a-half-month-old son, Jason, caused a family feud. Jason, who died October 10, 1972, was a premature baby who weighed five-and-a-half pounds at birth. He had doubled his weight at the time of his death and recently had a slight cold. The Clarks have a daughter, Ronda, two.

"When Jason died," she recalls, "my mother-in-law made all kinds of accusations. I was accused of not keeping my child in the hospital long enough after he was born; of not taking care of the baby. I was even accused of killing my own baby! My mother-in-law didn't believe in the existence of 'crib death,' and probably would not believe that it existed to this day if she had not seen a special documentary on television. When some of my neighbors first heard about it, they thought the crib had something to do with it, and started throwing their cribs away."

Fortunately, Mrs. Clarke herself was not totally unfamiliar with the disease when her son died; she had read articles and had heard about it on television. Her physician also was familiar with the disease. Yet, she says she still felt guilty.

"I breast-fed my daughter, but not Jason," she says, "and I had let Ronda sleep in the bed with me that night while Jason remained in his crib. Black men take the death of their children so hard. They feel the woman's duty is the children and the home, and if anything

goes wrong, it's all your fault. My husband took Jason's death much harder than I. He was so proud of his son. Ronda cried and screamed every night for two weeks after Jason's death, and would ask me constantly, 'Mommy, where's the baby?' I was in shock, too, but I tried to accept the death and be calm because I believe God won't put no more on you than you can stand. I remember reading an article on SIDS which told of a white couple who never went back to their apartment after their baby died. But when you're black and poor, you have no alternative. You have to face up to it and go back home and keep on living."

While Mrs. Clarke was made to feel guilty by relatives, other families report abrupt and callous treatment by the police. Within the last year, there have been at least four cases, including a couple presently under indictment in Washington, D.C., in which the parents were held for murder after their babies died of "crib death," according to Dr. Abraham B. Bergman, president of the National Foundation for SIDS.

"The thing that still rankles me," notes Dr. Bergman, associate professor of pediatrics at the University of Washington in Seattle, "is when I was called last spring to testify in the case of a young black couple in New York City." In that case, both a mother and father were charged with "criminal neglect-homicide" after their son died. Both parents spent months in jail because neither could raise \$1,000 for bond. They were finally released, however, when the medical examiner testified at the trial that the little boy's death was "consistent with crib death."

"We have found the treatment of parents of SIDS victims to be particularly bad for poor people who have no private physician," says Dr. Bergman, who supervised a study of the handling of SIDS cases in 450 cities last summer.

Dr. Bergman contends there are few communities in the U.S. where SIDS families are treated by public officials who are both knowledgeable about SIDS and sensitive to the feelings of grieving parents. The study reveals, he says, that only 40 percent of the black parents whose babies died of SIDS had heard about the disease previously. Only 50 percent of the black parents received any information as to why their babies died, as compared to 75 percent of the white parents. About 20 percent of the black parents thought their babies had suffocated.

The pediatrician would like to see passage of a bill introduced by U.S. Senator Walter F. Mondale, which would set up a federal grants program to provide funds to local communities to perform autopsies on all babies who die. Congress appropriated funds for the program, he says, but President Nixon vetoed the measure. He also would like to see widespread adoption of a program at the Children's Orthopedic Hospital and Medical Center in Seattle, where he works. The Seattle program performs autopsies in all unexplained infant deaths, assures that the correct terminology of SIDS is used on death certificates, promptly notifies parents of the cause of their child's death, and follows up with counseling to explain to parents why they are not to blame.

A former SIDS researcher, Dr. Bergman has become more involved with the "human aspect" of the disease because "this is the area in which something can be accomplished," he says. "We won't be able to find a cure for SIDS for a long time." He believes the scope of research finding during the past decade has established only two things—first, that SIDS is a real disease entity, and secondly, that the disease is definable by autopsy.

"We don't know why poorer families have a higher incidence of 'crib death'; we don't know why the incidence is higher in blacks. We're really just speculating," he explains. "This is a tough concept to get across because a big baby from a rich family may die, and

often does die, of 'crib death,' but a premature baby from a poorer family is *more likely* to die of the disease."

Although one study has shown that the incidence of AIDS is higher among blacks on all socio-economic levels, Dr. Bergman refutes this concept, saying there is not so much a higher racial incidence as a socio-economic one. "In one study in Washington, D. C., where there are a significant number of middle and upper class blacks," he says, "it was found that the incidence of the disease among black middle and upper class families was nearer to the white ratio. We don't think it's a genetic disease."

The exact cause of AIDS has not been identified, and many of the earlier theories—including cow's milk allergy, breast-milk allergy, and "whip-lash" injury to the spinal cord—have been disproved.

"We now know that viruses are involved, but they're the same kind of viruses that cause common colds; it's not a killer virus," Dr. Bergman notes. "This viral infection, we believe, makes the baby more susceptible to 'crib death.' About half the victims have a cold in their histories, but very minor colds."

Through his autopsies of AIDS victims, Dr. Bruce Beckwith, a pathologist on the Seattle team of researchers along with Drs. Bergman and C. George Ray, a virologist, has discovered a pattern of hemorrhagic spots the size of a pinhead in the lungs of victims. He also has found slight swelling in the infants' throats. A pediatrician, Dr. Alfred Steinschneider, associate professor of pediatrics at the State University of New York State's Upstate Medical Center in Syracuse, has proved that low-birth-weight babies have less stable autonomic nervous system controls than other infants. This system controls the involuntary muscles, such as the windpipe and the larynx.

"The Seattle group theorizes that the infant's vocal cords slam shut during sleep, cutting off the air wave suddenly without warning. The baby doesn't suffer, doesn't feel anything," Dr. Bergman reasons. "In order for this to occur, the baby has to be susceptible to the happening through some nervous system mechanism, something in the brain. The viral infection makes it more likely to occur, but there are other factors which we don't know about." (This theory is not universally accepted.)

He likens the occurrence to a nuclear explosion in which everything has to come together at once for the event to occur. "We think it's like when you plug in a toaster, an iron and an electric mixer. When you put on the last thing, the fuse blows. You can't say any one thing causes the fuse to blow; it's a combination of all these things together."

In addition to studying the role of viruses in the disease, researchers are probing "sleep physiology"—patterns of infant breathing during sleep—and working with infant monkeys who also have been found to be susceptible to the disease.

Although AIDS is believed to be as old as the Bible itself, there is still only a "tiny" amount of research into the problem, Dr. Bergman says. A little research was done in the 1930s and '40s, but it wasn't until the 1960s that organized research programs began.

"This happened only because of the agitation and protests of parents," he says. "The medical profession did not take the initiative in organizing the research. What happened is that the babies of a couple of prominent people died."

Dr. Bergman feels that the main problem in research AIDS is the lack of trained scientists who are willing to devote their energy to the problem, and he believes that federal funds for research go mainly to diseases that "kill older politicians." After all, he reasons, "Children don't vote, and the

parents of AIDS victims often are young and poor."

He says he is disappointed that not too many blacks are actively involved in NFSIDS activities, but a Chicago couple is seeking to interest more blacks in the problem. Mr. and Mrs. Elbert Dumetz, who lost their two-and-a-half-month-old daughter, Cherease, to the disease on January 16, 1970, are attempting to establish an NFSIDS auxiliary for non-whites. They may be contacted through the Chicago office of the National Foundation for AIDS, 203 N. Wabash Ave., Chicago, Ill. 60601.

Despite increased publicity regarding AIDS, many doctors warn that parents of infants should not become unduly overanxious or apprehensive about "crib death." The sudden, unexpected death of a healthy baby is a very remote hazard to any one family; every infant who gets sniffles is not a candidate for AIDS and is not a cause for alarmed parents to sit up all night watching the child.

In an age when babies have never been safer, it is indeed tragic that new scientific findings about AIDS have not led to a program for preventing the phenomenon. Yet, this knowledge has proved invaluable in stripping away some of the mystery surrounding the disease, and eradicating much of the guilt feeling and panic that AIDS evokes.

#### DEATH OF ORIEN W. FIFER, JR.

Mr. FANNIN. Mr. President, Mr. Orien W. Fifer, Jr., outstanding editor and columnist but most of all a newspaperman's newspaperman, died at his home in Phoenix, Ariz., on September 8, 1973, following a lingering illness of almost 1 year.

Mr. Fifer was a man whom I admired and respected and whose writing gave me pleasure, but no eulogy which I could recite would come close to expressing the true greatness of the man.

His peers in the newspaper field have expressed their feelings as well as mine and thousands of his loyal readers in news accounts of his passing and in editorial tributes.

I ask unanimous consent to have printed in the RECORD these news stories as well as editorials from the Phoenix Gazette, the Arizona Republic, the Scottsdale Progress, and a letter to the editor of the Phoenix Gazette.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

#### ORIEN FIFER, COLUMNIST, DIES

Phoenix Gazette columnist Orien Fifer died at 8:30 a.m. today at his home, 830 E. Sierra Vista, after a lengthy illness.

Mr. Fifer, a veteran newspaperman, had been released from a hospital 10 days ago. Kidney failure was the cause of death.

Services will be at 2 p.m. Tuesday at the Church of the Beatitudes, 555 W. Glendale Ave. The Rev. Culver Nelson, pastor, will officiate.

A. L. Moore & Sons Funeral Home will handle arrangements. There will be no visitation there.

"Fife," as he was affectionately known, had been in ill health for several months. He was 70.

Mr. Fifer came to Phoenix in 1952 as managing editor of The Arizona Republic. Eight years later, he became the day managing editor of that newspaper. In addition to administrative duties, he began writing a column for The Republic.

In 1966, he switched to The Gazette as a five-day-a-week columnist. His column appeared on the second first page.

His writing covered a wide variety of human interest subjects. He consistently championed the cause of the "underdog," including inmates at the Arizona State Prison, patients at the Arizona State Hospital and the underprivileged.

Eugene C. Pulliam, publisher of The Arizona Republic and The Phoenix Gazette, said:

"Orien Fifer was a newspaperman who always had the goodwill and respect of his fellow journalists. 'Fife,' as he was known all his life, was a dear and close friend of mine. We had so many, many things in common. Our fathers were both Methodist ministers. We both attended DePauw University. We had a close personal, social and professional relationship for almost 40 years.

"Fife was a top editor in our organization, both here and in Indianapolis, for almost 40 years. In all the years of our association we never had a serious argument except when I tried to get him to watch his health.

"As a writer, Fife was unique. He had a delicious sense of humor, but on serious reporting he was extremely accurate and demanded the same quality from the reporters who worked under his watchful eye.

"What can you say about a dear friend who is gone, but to recall the many, many things he did to make life happier and more interesting for those around him."

Mr. Fifer was born in York, Neb., the fourth child of a Methodist minister.

He spent nine of his first 10 years in Des Moines, Iowa, where his father was pastor of Grace Church. The Fifer family also resided a few years in Denver, Colo., where his father served the Warren Memorial Church.

When young Fifer was in Denver's Manual High School, the Rev. Mr. Fifer Sr. was called to a pastorate in Indianapolis, and the change put Orien Jr. in the city's Shortridge High School. There he wrote for the school paper and, as a senior, played football.

After high school, Mr. Fifer enrolled in DePauw University in Greencastle, Ind. There he eventually became managing editor of the student newspaper, a cartoonist, writer and editor of the humor magazine, a class president and a member of Beta Theta Pi and Sigma Delta Chi, the journalism society.

During World War II, Mr. Fifer served in the U.S. Navy as a public relations specialist with the rank of lieutenant commander.

His first experience on a big-time newspaper came during a summer vacation from DePauw when he was hired as a cub reporter on The Indianapolis Times.

When he was graduated from DePauw in 1925, Mr. Fifer was hired by The Indianapolis Star. He spent 18 months on The Star before going to work for The Associated Press in Chicago. After being assigned, in rapid succession to AP bureaus in Madison and Milwaukee in Wisconsin and to New York City, he returned to Indiana.

There on The Indianapolis News, Mr. Fifer rose from reporter to assistant managing editor.

While Mr. Fifer was managing editor of The Republic, the newspaper won the National Bell Award for a series of stories on the Arizona State Hospital. And in 1969, "Fife" won a \$1,000 first-place award in an awareness of safety contest sponsored by the National Trucking Association. The award was for a column he wrote after seeing an elderly man killed in a traffic accident.

Mr. Fifer was called on frequently as a public speaker. He was active in community affairs as a member of the Maricopa County Hospital Board, the Advisory Board of The Salvation Army, The Phoenix Press Club and the Valley of the Sun Chapter of Sigma Delta Chi. In 1967, he was Maricopa County chairman for the Cancer Crusade.

He is survived by his wife, Mary; two daughters, Mrs. Saul Bernstein, Thousand Oaks, Calif., and Mrs. Murray Hutchison,